11-14-02

Perkins Coie LLP

2643 No. EV139299844US

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Docket No.: 101948058US Date: November 12, 2002

In re application of: Application No.:

Filed:

FORM PTO

For:

Herman Chien
09/665,780
Sept. 20, 2000
SUBSCRIPTION-BASED BILLING METHODS AND SYSTEMS FOR SHARED NETWORK MODEM POOLS

OR PATENTS

COMMISSIONER FOR PATENTS **WASHINGTON DC 20231** 

Sir:

Transmitted herewith is an Amendment under 37 CFR §1.111 in the above-identified application.

F. J. Amelianat claims small entity status. See 37 C.F.R. 1.27.

RECEIVED

Applicant has previously claimed small entity status. See 37 CFR 1.27.

A Petition for an Extension of Time for month is enclosed.

A General Authorization Under 37 C.F.R. § 1.136(a)(3) is enclosed.

No additional claim fee is required. The fee has been calculated as shown. NOV 2 1 2002

**Technology Center 2600** 

	(Col. 1)		(Col. 2)	(Col. 3)				
	CLAIMS							
	REMAINING		HIGHEST	PRESENT				
	AFTER		PREV. PAID	EXTRA				
	AMENDMENT		FOR					
	* 18		** 20					
TOTAL		-		0				
	* 4		*** 3					
IND.		-		1				
[ ] FIRST PRESENTATION OF MULT. DEP.								
CLAIMS								
EXTENSION OF TIME FEE								
TOTAL ADDITIONAL FEE								

SMALL ENTITY				OTHER THAN A SMALL ENTITY	
RATE	ADDII FEE	TIONAL	OR	RATE	ADDITIONAL FEE
x 9	\$	0		x 18	\$ 0
x 42	\$	0		x 84	\$ 84
+140	\$		OR	+280	\$
L <del></del>	\$		\$		
	\$	0	TOTAL		\$ 84

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

Please charge my Deposit Account No. 50-0665 in the amount of \$\_. A duplicate copy of this sheet is enclosed. A check in the amount of \$84.00 is attached.

The Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0665. A duplicate copy of this sheet is enclosed.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted, PERKINS COIE LLP

Iames A. D. White Registration No. 43,985

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.